

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	4/25/01
FORMALITY REVIEW	FT	926	05-08-01
RESPONSE FORMALITY REVIEW	SCB	1091	8-17-01

ST AVAILABLE COPY

INDEX OF CLAIMS

= ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	8/10/01
2	8/10/01
3	8/10/01
4	8/10/01
5	8/10/01
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8	8/10/01
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49	8/10/01
50	8/10/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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SC 612  
8-12-01